

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Newt 2012**

**A. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY P. FEINGOLD**

Mailing Address 7410 SEDONA WAY

City	State	Zip Code
DELRAY BEACH	FL	33446-4419

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DENTALAND

Occupation  
DENTIST

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.224354B**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2012

**CONTRIBUTION**

Amount of Each Receipt this Period

-2500.00

**[MEMO ITEM]**

REDESIGNATION TO GENERAL

**B. Full Name (Last, First, Middle Initial)**

**MR. JEFFREY P. FEINGOLD**

Mailing Address 7410 SEDONA WAY

City	State	Zip Code
DELRAY BEACH	FL	33446-4419

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
DENTALAND

Occupation  
DENTIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

**Transaction ID : SA17.228367**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2012

**CONTRIBUTION**

Amount of Each Receipt this Period

2500.00

**[MEMO ITEM]**

REDESIGNATION FROM PRIMARY

**C. Full Name (Last, First, Middle Initial)**

**MR. DEAN W. FEJES**

Mailing Address 255 COCOHATCHEE DR

City	State	Zip Code
NAPLES	FL	34110-2102

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17.181081**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		18		2012

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page (optional)**.....

100.00

**Total This Period (last page this line number only)**.....